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Charts illustrate the size of babies' stomachs at the various ages and show the relative food value of the various food products. Photographs and postal cards of various kinds are used to illustrate the dangers of the house-fly, harm that may be carried by a baby's pacifier, and a puny baby sucking from a long tubed bottle.

Conclusion.—To produce the best results, the work with mothers must begin with the expectant mother and as soon after the beginning of pregnancy as possible.

Careful reports of family conditions must be sent to the school with, or preceding, each case by the collecting visitor, that the superintendent may judge with some understanding of the length of time the mother may safely remain away from her home.

The teaching must be done in a free and easy way, never forgetting the limitations of the homes from which these women come.

Systematic follow-up work is absolutely essential to produce any results whatever.

INDICATIONS FOR GYNÆCOLOGICAL EXAMINATIONS

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It is the privilege of the nurse, as she cares for her patients, to become the confidante of the family and to learn of many conditions, both social and medical, that need attention. The object of this paper is to point out certain symptoms which require, at least, an examination by a gynæcologist, and may demand an operation. Unfortunately, through the centuries, traditions have been handed down that, this, that, and the other condition is to be expected, there is no cure for it, but Nature will right it in time. Nature does much, but she cannot cure everything. Sickness and pain always leave behind them marks which cannot be effaced. It may be a permanent heart lesion, it may be only a lessened vitality which is not noticed for years. A word in time may save not only discomfort and pain, but even a life.

The symptoms which should suggest to the nurse the need of gynæcological care are: pain, leucorrhœa, increased bleeding, and lastly a group of symptoms which might be called "obstetrical after-effects," and which are due to tears and lack of proper involution of the abdominal wall after pregnancy.

I. *Pain.*—Women have come to look upon pain almost as their birthright, and yet pain has no place in the normal life of any woman. Pelvic pain, especially if it is constant, means, as a rule, inflammation

of the pelvic organs. Pain in the lower part of the back is often due to a retroverted or retroflexed uterus. Menstrual pain, as it is found in the young girl, is due, sometimes, to a marked bend or flexion in the uterus, but it is more often the result of a stenosis of the cervix. The cure is simple, a complete stretching or divulsion, as it is called, of the cervix and a few days in bed.

II. *Leucorrhœa*.—The glands in the cervix of the uterus secrete a clear, viscid fluid for the purpose of keeping moist the mucous membrane which lines the uterus and vagina. Normally this secretion is not sufficient in amount to be appreciated. Although always annoying, and often irritating, women have come to look upon leucorrhœa as something of little significance, something to be endured. A pathological cause must be sought whenever there is sufficient leucorrhœal discharge for the individual to notice it. An increase in the normal secretion of these glands is found commonly in chlorosis and in women who are overtired, so that there is a lack of muscle tone. These cases are easily cured by better hygiene and an iron tonic. In the majority of cases, leucorrhœa is due to inflammation in the pelvis. Indeed, leucorrhœa and pelvic pain are two of the cardinal symptoms of pelvic infection. When the patient complains of a foul-smelling and dirty discharge, perhaps blood-stained, one must consider the probability of cancer.

III. *Increased Bleeding*.—An increased flow, either in amount or duration at the normal menstrual period; too frequent bleeding, as every two or three weeks; constant bleeding; menstruation extending several years beyond the normal time for the menopause; or bleeding coming on several years after the menopause, demand an examination. Here again the most common cause is pelvic infection, but a new growth, a polyp, a myoma of the uterus, or cancer of the uterus may be present. In some cases there will be found the large hard fibroid uterus—the uterus which has passed through many and frequent pregnancies and has never had a chance to recover its normal muscle consistency. In some of these cases an abnormal obstetrical condition will be found, as placenta prævia, extra-uterine pregnancy, or an incomplete abortion.

The treatment in these various conditions has not been entered into. Each case must be treated *per se*. It may be rest and a tonic, it may be tampon treatment, or it may be an operation that is indicated, but pain, leucorrhœa and increased bleeding always call for a medical examination. Menstruation continuing after the normal time for the menopause, suggests a myoma of the uterus, while bleeding coming on several years after the menopause usually is due to cancer.

The last condition to be discussed has a characteristic symptom com-

plex, and one or more of the following lesions will be found present: lacerated perineum, lax vaginal walls, rectocele, cystocele, a lax abdominal wall, and diastasis of the recti muscles. Many patients complain of a constant tired feeling, they have no ambition to work, they are nervous, they have a feeling of dragging and weight in the pelvis, it seems as if everything were going to fall out of them. They have indigestion, constipation, palpitation of the heart, bloating, eructations of gas, and headaches. These patients are irritable and cross. They receive little or no sympathy, as they usually appear well, yet they find the care of their homes too great a strain. There is usually a history of several pregnancies near together, and of only three or four days in bed. The binder, if worn, was taken off as soon as the patient was out of bed.

Here is a condition rarely recognized, yet it is frequent, it causes great distress, and as a rule is easily cured. On examination, the abdominal wall will be found lax, the recti muscles widely separated, the liver, kidneys, stomach and intestines sagging, often the uterus and appendages are prolapsed and the perineum may be lacerated so that the vaginal walls also are prolapsed. An abdominal binder may be the only treatment necessary, but the lacerated perineum and prolapsed uterus require an operation. The point is, the tired, nervous mother needs care. Often a slight operation will transform an invalid into a strong, healthy woman.

What may seem to be little things and of no consequence are often symptoms of serious trouble. It is the nurse's opportunity, more particularly the visiting nurse's opportunity, while in the home, to recognize the possibility of some gynecological trouble and to influence the patient to seek medical advice.

INFANTS' NORMAL STOOLS AS AFFECTED BY DIET

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THE first defecation of an infant is known as meconium and is made up of the secretions of the intestinal walls and cells of the same, also of amniotic fluid which has been swallowed; this lasts from four to seven days, and may persist somewhat longer. Then follows the normal breast stool.

Breast-milk Stools.—These have the consistency of pea-soup, are of a golden yellow color, with a sweetish aromatic odor, not unpleasant, and have always an acid reaction. A little later these stools become more salve-like. It is unusual to see an absolutely normal breast-milk stool.